

Infection Prevention Policy

Safe Use, Handling and Disposal of Sharps

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Target audience:	All Trust staff
Relevant Regulations and Standards	

Executive Summary

This policy aims to provide all trust staff with the relevant information about the safe use, handling and disposal of sharps.

Version History Log

Version	Date Approved	Version Author	Status & location	Details of significant changes
1		Jane Balderson	Infection Prevention audit & surveillance Nurse	
2		Jane Balderson	Infection Prevention Audit & Surveillance Nurse	Appendix 1 added
3		Anne Tateson	Infection Prevention Nurse	Appendix amended A,B,C,D,E,F. Removal of Appendix 1

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1 Introduction and Scope

This policy applies to all Trust staff. It addresses the requirements of the Trust in relation to the Health and Social Care Act 2008 criterion 8 regarding safe handling and disposal of sharps including:

- Assembling, storage and disposal of sharps bins
- Preventing sharps' injuries

Needlestick and injury from a sharp object can occur in clinical and non clinical settings. They are avoidable when good practice and procedure are employed during the handling and disposal of sharps.

For the management of sharps' injuries refer to the Occupational Health policy 'Needlestick, Sharps & Splash Injuries Policy & Procedure.'

2 Definition

Sharps – any object that has an edge or point that could penetrate, puncture or lacerate skin. This includes needles, broken glass, surgical instruments, scalpels and body parts such as broken bones and teeth. Sharps can be clean or contaminated with blood or body fluid.

Sharps injury – when sharps penetrate the skin.

Needlestick injury – where the sharps injury is caused by hollow bore or solid needle.

Hollow bore needle – needle with a lumen and bevelled edge used for collecting blood, or for the administration of parenteral substances. This includes peripheral cannula, butterfly, injection needles, and venepuncture needles. Hollow-bore needles carry a larger volume of blood than needles without a lumen (e.g. suture needles) therefore there is greater risk of blood borne virus transfer.

Sharps bin – approved container with specific coloured lid used for safe disposal of sharps. Bins must conform to British Standard: BS 7320 (1990).

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3 Policy Statement

The incorrect use, handling and disposal of sharps can place the individual at risk of a sharps injury and potential exposure to blood borne viral infection. Correct use, handling and disposal of sharps can reduce the potential risks to the individual.

4 Equality Impact Assessment

The Trust' statement on Equality is available in the Policy for Development and Management of Policies at Section 3.3.4.

A copy of the Equality Impact Assessment for this policy is at appendix E.

5 Accountability

Corporate accountabilities are detailed in the **Policy for Development and Management of Policies** at section 5.

All healthcare professionals and volunteers are responsible and accountable to the Chief Executive for the correct implementation of this policy.

Professional staff are accountable according to their professional code of conduct. Medical staff are professionally accountable through the General Medical Council, and nurses are professionally accountable to the Nursing and Midwifery Council.

6 Consultation, Assurance and Approval Process

Consultation, assurance and approval process is detailed in section 6 of the **Policy for the Development and Management of Policies**.

The Stakeholder is the Hospital Infection Prevention Committee

7 Review and Revision Arrangements

The date of review is given on the front coversheet.

Persons or group responsible for review is the Hospital Infection Prevention Committee

The Compliance Unit will notify the author of the policy of the need for its review six months before the date of expiry.

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On reviewing this policy, all stakeholders identified in section 6 will be consulted as per the Trust's Stakeholder policy. Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee as determined by the **Policy for Development and Management of Policies**.

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of relevant staff as per the **Policy for Development and Management of Policies**, section 8 and Appendix G Plan for Dissemination.

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

The Policy will be disseminated through the Consultants; Clinical Directors; Directorate Manager; Matrons; and Ward Managers via emails and meetings.

9 Document Control including Archiving

The register and archiving arrangements for policies will be managed by the Compliance Unit. To retrieve a former version of this policy the Compliance Unit should be contacted.

10 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

10.1 Process for Monitoring Compliance and Effectiveness

Minimum Requirements	Monitoring	Frequency
Safe assembly	Trust wide audit by	Annual

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of sharps bins	provider company, managed by IPT	
Safe use and disposal of sharps	Monitor and review through adverse incident reporting and Occupational Health Department needle stick injury incidence reports via Hospital Infection Prevention Committee	Annual
Staff training in safe handling and disposal of sharps	CLAD staff training records	Annual

10.2 Standards/Key Performance Indicators

Occupational Health Blood Needlestick, Sharps and Splash Injuries Policy and Procedure

Annual Trust wide Sharps Audits

11 Training

See section 11 of the **Policy for Development and Management of Policies** for details of the statutory and mandatory training arrangements.

12 Trust Associated Documentation

YHFT [Version 5] Policy for the Development and Management of Policies Corp.RL10

YHFT Needlestick, Sharps and Splash Injuries Policy and Procedure

13 External References –

[Health and Social Care Act \(Hygiene Code\) 2008 criterion 8](#)

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14 Appendices –

Appendix A	Prior to using sharps.
Appendix B	During use of sharps.
Appendix C	After use of sharps.
Appendix D	In the event of a sharps injury
Appendix E	Sharps Waste Disposal poster
Appendix F	Equality Impact Assessment Tool.
Appendix G	Checklist for Review and Approval.
Appendix H	Plan for dissemination of policy.

Appendix A

Prior to using sharps

- The correct sharps bins (appropriate to what is being disposed of) that conform to British Standard: BS 7320 (1990) must be used (see Appendix G).
- Assemble sharps bins according to the manufacturer's instructions on the bin. The lid must be securely fixed to check security of lid following assembly.
- Enter the assembly date, location and name of assembler on the sharps bin in the place provided.
- Ensure the sharps bin is of a suitable size for the needs/ use of the area.
- Place sharps bins out of reach of children and vulnerable adults – ideally wall mounted. Bins must not be located on the floor.
- Wall and trolley mounted sharps bins must be at a safe user height – the aperture must be visible. Only use wall and trolley fixtures that are designed for the sharps bins in use.

Appendix B

During use of sharps

- During assembly **never** attach needles to syringes while the needle is unsheathed
- Use needleless or retractable devices when possible
- Avoid transporting sharps from one place to another wherever possible.
- **Always** carry or transfer sharps in a sharps tray, trolley or receptacle that can be cleaned/disinfected.
- **Never** pass sharps from person to person by hand – use a sharps tray or receptacle

- Activate the temporary closure lid on the sharps bin before moving the bin and always ensure this is in place between uses.
- Always get help when using sharps with a confused or agitated patient

Appendix C

After use of sharps

- **Never** re-sheath the needle.
- For **blood gas** syringes – wear protective equipment (gloves and apron), remove the needle using the needle remover on the sharps' bin lid and fit the bung supplied in the pack to transport the specimen to the analyser – **do not re-sheath the needle or transport the syringe with the needle attached**. Use Blood gas transport pods.
- **Always dispose of sharps into a sharps bin at the point of use.** Transport the sharps bin safely using a sharps tray, wheeled holder (i.e. for large bins) or trolley mounted fixture.
- Always close the temporary sliding closure following sharps disposal
- **Safe disposal is the responsibility of the user.**
- Dispose of sharps bins when $\frac{3}{4}$ full. Lock aperture securely before disposal.
- Complete the label on the sharps bin.
- Dispose of as clinical waste. Do not place in a clinical waste bag.
- Used sharps bins must be removed from the ward/ department and stored in a locked, segregated area designated for waste/ sharps disposal.

Appendix D

In the event of a sharps injury

Refer to the Occupational Health policy: 'Needlestick, Sharps and Splash Injuries Policy and Procedure'.

Report all injuries to:

1. The Occupational Health and Wellbeing Department during normal working hours - 9am-5pm Monday to Friday, and all other out of hours including nights and weekends to the Emergency Department.
2. Via the electronic AIRS reporting system.

SHARPSGUARD®
Sharps Waste Disposal

York Hospitals **NHS**
NHS Trust

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graph TD; Q1{AM I A SHARP?} -- NO --> A[Refer to your waste policy for disposal instructions.]; Q1 -- YES --> Q2{Have I been contaminated with Cytotoxic or Cytostatic medicines?}; Q2 -- YES --> B[Dispose in a purple lidded sharps container.]; Q2 -- NO --> Q3{Have I been contaminated with medicines?}; Q3 -- YES --> C[Dispose in a yellow lidded sharps container.]; Q3 -- NO --> D[Dispose in an orange lidded sharps container.];
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ST01

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Appendix F Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy:	Safe Use, Handling and Disposal of Sharps
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1.	What are the intended outcomes of this work? <i>Inform clinical staff of best practice, precautions around using, handling and disposing of sharps.</i>	
2	Who will be affected? <i>Patients, staff</i>	
3	What evidence have you considered? Health and Social care Act (Hygiene Code) 2008 Criterion 8	
a	Disability	
b	Sex	
c	Race	
d	Age	
e	Gender Reassignment	
f	Sexual Orientation	
g	Religion or Belief	
h	Pregnancy and Maternity.	
i	Carers	
j	Other Identified Groups	
4.	Engagement and Involvement	

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a.	Was this work subject to consultation?	Yes
b.	How have you engaged stakeholders in constructing the policy	No
c.	If so, how have you engaged stakeholders in constructing the policy	
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs	
5.	Consultation Outcome Approved by Hospital Infection Prevention Committee <i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i>	
a	Eliminate discrimination, harassment and victimisation	
b	Advance Equality of Opportunity	
c	Promote Good Relations Between Groups	
d	What is the overall impact?	
	Name of the Person who carried out this assessment:	
	Date Assessment Completed	
	Name of responsible Director	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix G Checklist for the Review and Approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1	Development and Management of Policies		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or procedures?		
2	Rationale		
	Are reasons for development of the document stated?		
3	Development Process		
	Is the method described in brief?		
	Are individuals involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
	Has an operational, manpower and financial resource assessment been undertaken?		
4	Content		
	Is the document linked to a strategy?		
	Is the objective of the document clear?		
	Is the target population clear and		

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	Title of document being reviewed:	Yes/No/Unsure	Comments
	unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are local/organisational supporting documents referenced?		
5a	Quality Assurance		
	Has the standard the policy been written to address the issues identified?		
	Has QA been completed and approved?		
6	Approval		
	Does the document identify which committee/group will approve it?		
	If appropriate, have the staff side committee (or equivalent) approved the document?		
7	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8	Document Control		
	Does the document identify where it will		

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	Title of document being reviewed:	Yes/No/ Unsure	Comments
	be held?		
	Have archiving arrangements for superseded documents been addressed?		
9	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
	Is there a plan to review or audit compliance with the document?		
10	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
11	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for			

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maintaining the organisation's database of approved documents.

Name		Date	
Signature			

Appendix H Plan for dissemination of policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	
Date finalised:	
Previous document in use?	
Dissemination lead	
Which Strategy does it relate to?	
If yes, in what format and where?	
Proposed action to retrieve out of date copies of the document:	Compliance Unit will hold archive

Dissemination Grid

To be disseminated to:	1)	2)
Method of dissemination		
Who will do it?		
and when?		
Format (i.e. paper or electronic)	Electronic	

Dissemination Record

Date put on register / library	
Review date	
Disseminated to	
Format (i.e. paper or electronic)	
Date Disseminated	
No. of Copies Sent	
Contact Details / Comments	

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